

Name
in
Full

Florence Bishop

CERTIFICATE OF DEATH

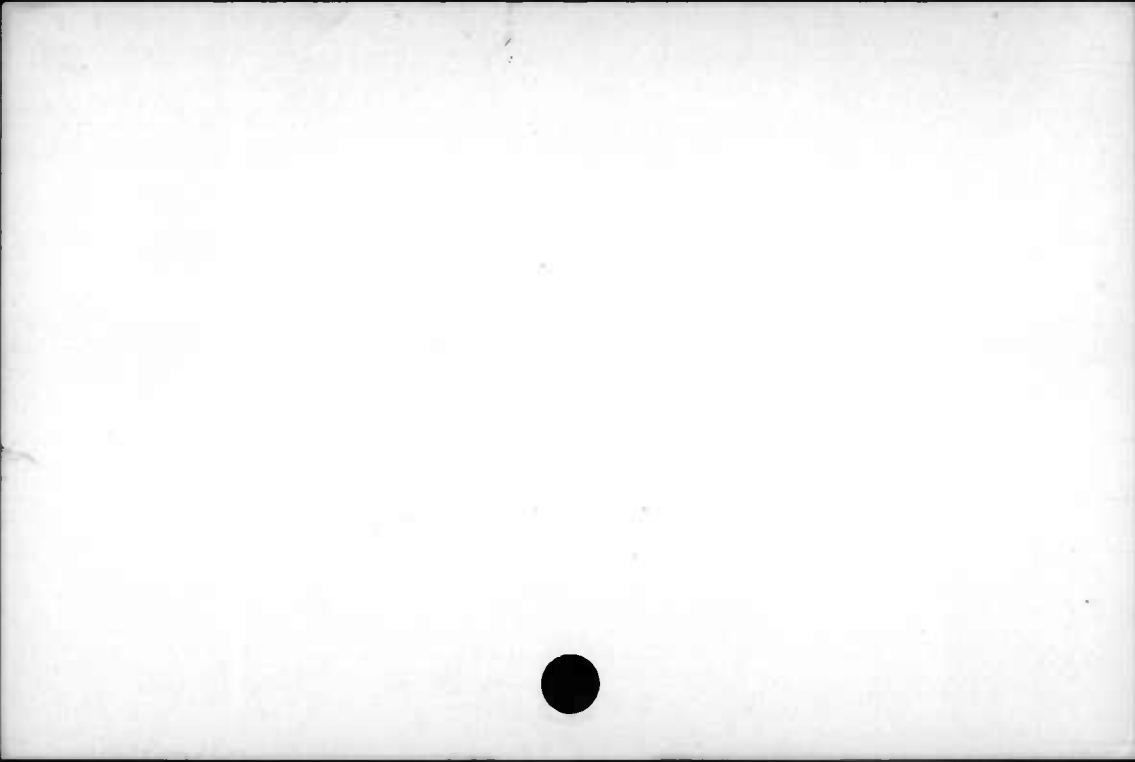
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Solers		County Calvert		MARYLAND	
Date of death 190		3	Month Dec	11	Day	Age 19	Years
Sex Female		Color or Race Colored		Birth- place Calvert Co md		Months	
Married, Single or Widowed		Married		Occupation Housewife		Days	
Name of Wife or Husband		Albert Bishop					
Father's Name		Henry Watts				Father's Birthplace Calvert Co md	
Mother's Maiden Name		Rebecca Banister				Mother's Birthplace Calvert Co md	
Name of person giving In formation		Rebecca Watts				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	3 months
Immediate	Consumption	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. Chambers MD	
Address		Cott Pt Calvert Co md	
Accident or Suicide?			



Name
in
Full

27
CERTIFICATE OF DEATH

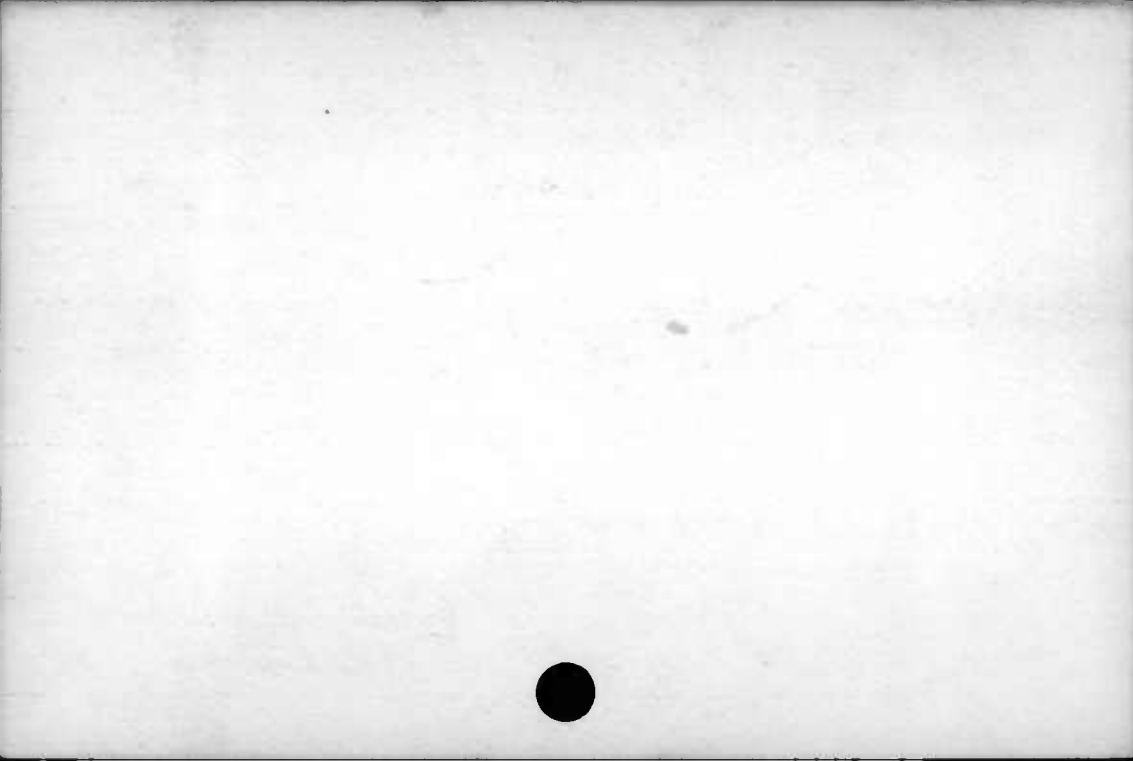
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Stell Born Child

32
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at *Brown Head* *Cecil* County

MARYLAND

Date of death 1903 *Dec* *23* Age *—* Months *—* Days *—*Sex *Female* Color or Race *white* Birth-place *Brown Head*Occupation *—* Where Residing if not at place of death *Brown Head*

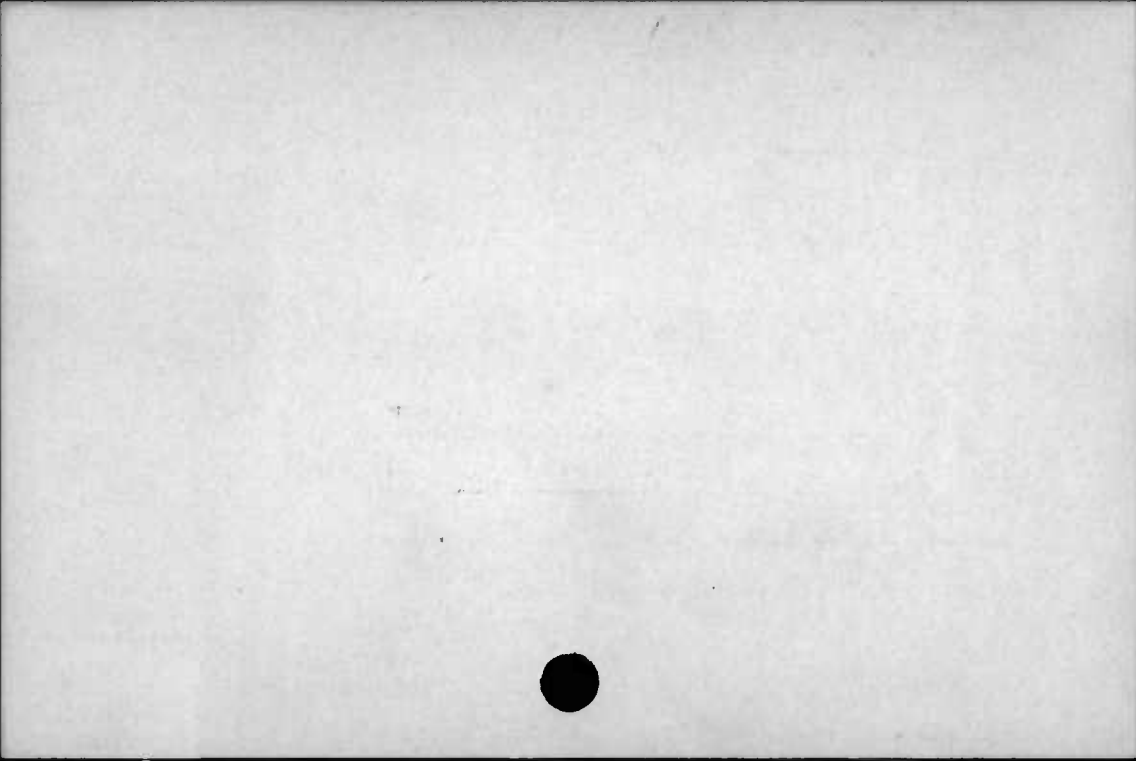
Married, Single or Widowed Name of Wife or Husband

Father's Name *Capt S. T. Bryant. S.* Father's Birthplace *Va*Mother's Maiden Name *Maggie Barnes* Mother's Birthplace *Va*Name of person giving information *Maggie Bryant.* How related to deceased *Mother.*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Stell Born* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Philip Brisco*Address *Maline* *ms*

Accident or Suicide?



Name
in
Full

William H Buck

CERTIFICATE OF DEATH

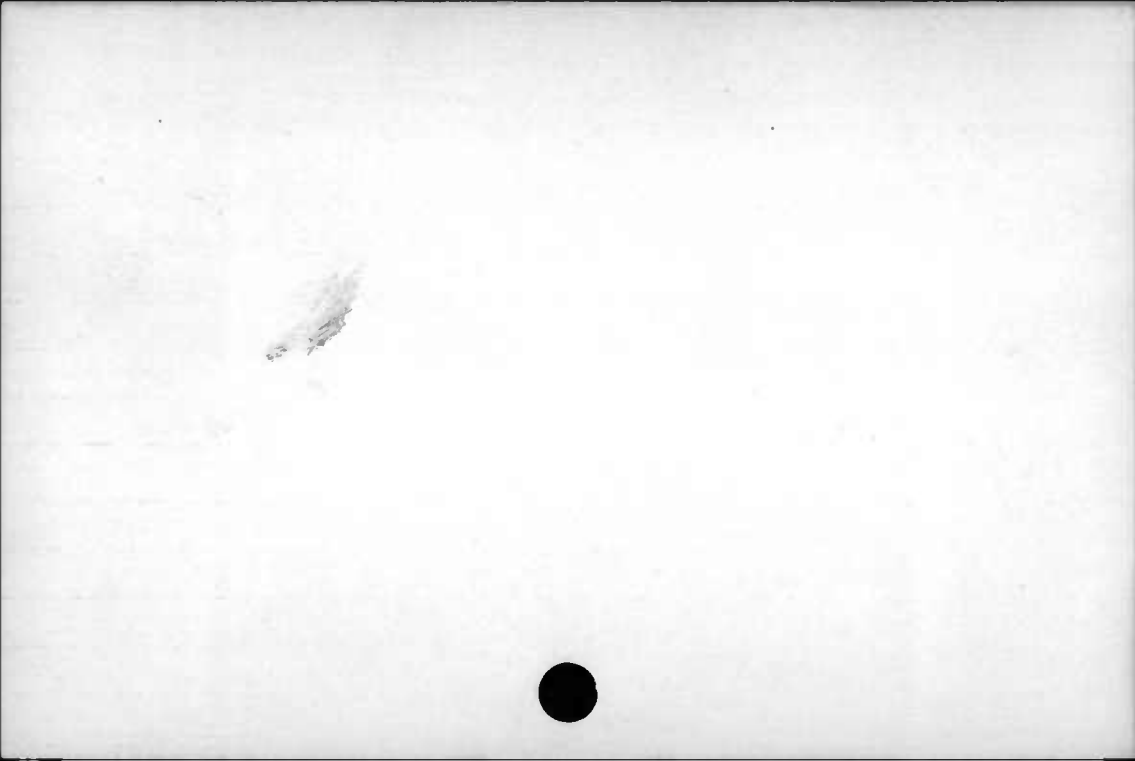
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salomons		County Calvert		MARYLAND	
Date of death 190		3	Month Dec	7	Day	17	Years
Sex		Male		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Mariner	
Name of Wife or Husband							
Father's Name		—		20		Father's Birthplace	
Mother's Maiden Name		—		—		Mother's Birthplace	
Name of person giving Information		Taken from hospital register				How related to deceased	

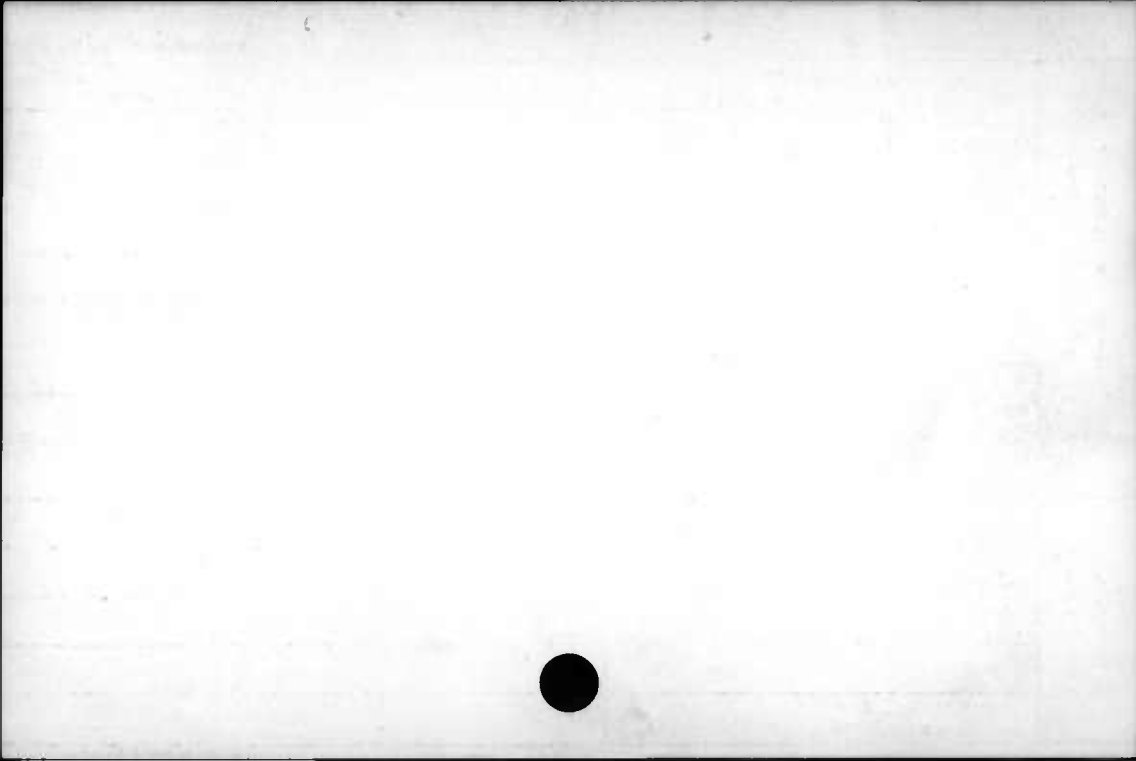
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Suppuration of Parotid Gland		How long		10 days	
Immediate		Septicaemia		How long		6 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. March	
				Address		Salomons	
Accident or Suicide?						No	



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lo Mauboro</i> Town		County <i>Calvert</i>		
		Date of death 190 <i>8</i>		Month <i>Dec</i>	Day <i>1</i>	Age <i>75</i>
		Sex <i>Female</i>		Color or Race <i>African</i>	Birth-place <i>Calvert Co</i>	Months <i>—</i>
		Married, Single or Widowed <i>Widows</i>		Occupation <i>Housewife</i>		
		Name of Wife or Husband <i>—</i>				
		Father's Name <i>42</i>				
PHYSICIAN OR CORONER		Mother's Maiden Name		Mother's Birthplace		
		Name of person giving information <i>Benson Jones</i>		How related to deceased <i>No relation</i>		
		CAUSES OF DEATH				
		Primary <i>Uterine Cancer</i>		How long <i>About 2 years</i>		
Immediate <i>Same</i>		How long				
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Humeau</i>				
		Address <i>Lo. Mauboro, Md.</i>				
Accident or Suicide?						



CERTIFICATE OF DEATH

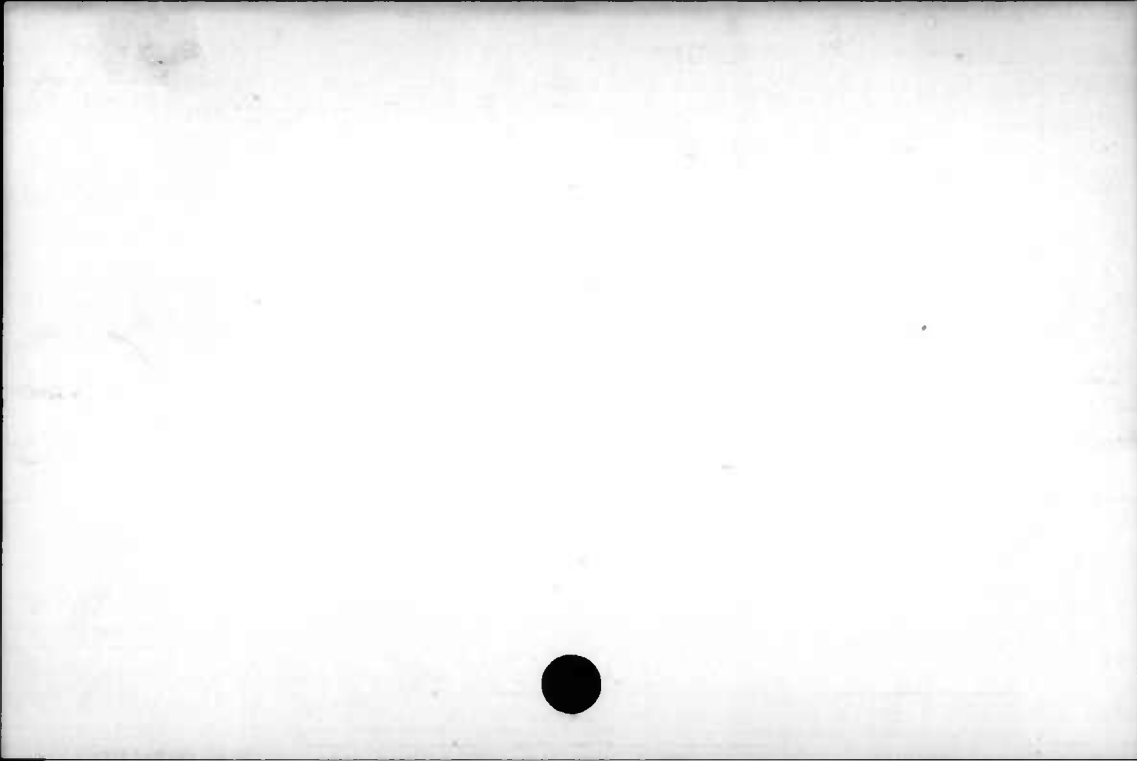
Died at		Sollers		Town		Calvert		County		MARYLAND	
Date		3		Dec		30		Age		Years	
of death 190		3		Dec		30		Age		Years	
Sex		Female		Color or Race		White		Birthplace		Calvert Co md	
Married, Single or Widowed		Single		Occupation							
Name of Wife or Husband		Charles F Gault		38		Father's Birthplace		Calvert Co md		Mother's Birthplace	
Mother's Maiden Name		Maggie Humphreys		Calvert Co md		How related to deceased		Father			
Name of person giving information		Charles F Gault									

CAUSES OF DEATH

Primary	Number of eclampsia		How long	1 day
Immediate	of mother		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Geo. S. Chambers, M.D.	
			Address	
			Govt. of Puerto Rico	
Accident or Suicide?				



Name in Full		Gantt				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Dollers Town		Calvert County		MARYLAND			
	Date of death 190		3	Month	29	Day	Years	Months	Days	
	Sex		Female		Color or Race		White		Birth-place	Calvert Co md
	Married, Single or Widowed		Single		Occupation					
	Name of Wife or Husband									
	Father's Name		Charles F Gantt S				Father's Birthplace		Calvert Co md	
	Mother's Maiden Name		Maggie Humphreys				Mother's Birthplace		Calvert Co md	
Name of person giving information		Charles F Gantt				How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Violence in labor and Per.				How long			
	Immediate		Peral eclampsia 7 months				How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo F Chambers md			
					Address		Cove Pt Calvert Co md			
Accident or Suicide? <input type="checkbox"/>										



Name
in
Full

Theodore Gantt

CERTIFICATE OF DEATH

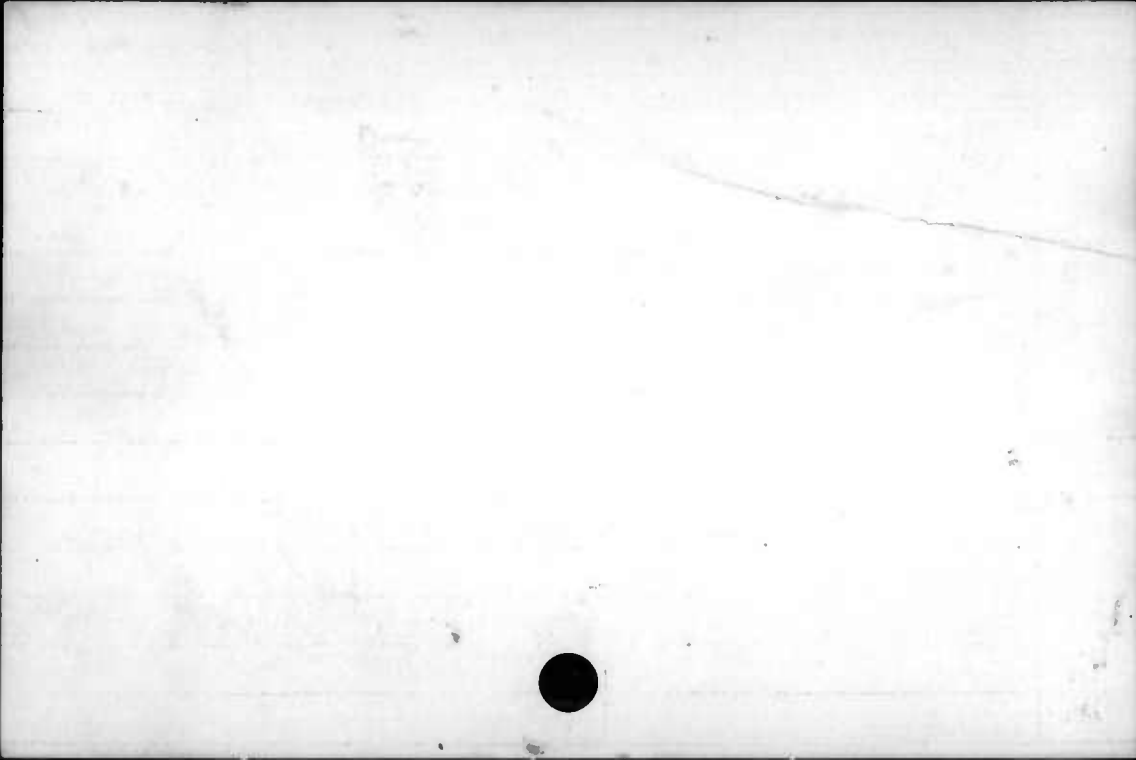
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount-Harmony</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>28</i>	Age	Years <i>60</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband							
Father's Name <i>John Gantt-19</i>				Father's Birthplace <i>Calvert-Co</i>			
Mother's Maiden Name				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Joseph Coates</i>				How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>20 years</i>
Immediate <i>Exhaustion and Heart-Failure</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Brayshaw</i>
	Address <i>Friendship</i>
Accident or Suicide?	



Name
in
Full

James William Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prince Fredericktown</i> Town			<i>Calvert</i> County			MARYLAND	
Date of death <i>1903</i>	Month <i>December</i>	Day <i>29th</i>	Age <i>55</i>	Years	Months <i>10</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lower Marlboro, Md.</i>				
Occupation <i>Constable & Collector</i>			Where Residing if not at place of death <i>Lower Marlboro, Md.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie A. Gibson</i>					
Father's Name <i>Wm. F. Gibson</i>			Father's Birthplace <i>Lower Marlboro,</i>				
Mother's Maiden Name <i>Mary C. Spicknall</i>			Mother's Birthplace <i>Lower Marlboro,</i>				
Name of person giving information <i>Thomas J. Younger</i>			How related to deceased <i>Nephew</i>				

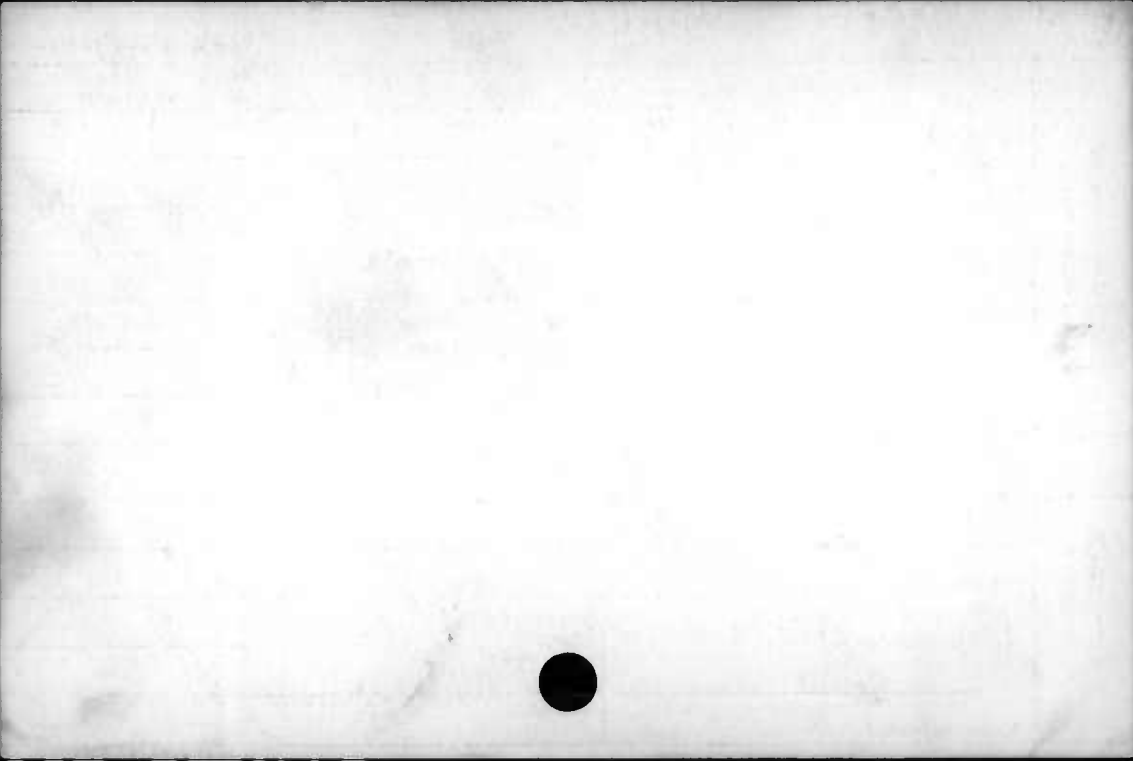
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Apoplexy</i>	How long	<i>4 hrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. M. King Md</i>	
		Address <i>Barstow Md</i>	
Accident or Suicide?			



Name in Full		James John Hance.				25- CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Plum Point. Town		Calvert County.		MARYLAND
	Date of death 1903.	Month	Day	Age	Years	Months	Days
	Dec		Tuesday		73		7
	Sex	Male.		Color or Race	White		Birth-place
	Plum Point.		Married, Single or Widowed		Widower		Occupation
	None.		Name of Wife or Husband		Mary Jane Hance.		
	Father's Name		Richard Hance		Father's Birthplace		Calvert-Co
Mother's Maiden Name		Mirna Sedwich Hance		Mother's Birthplace		Calvert-Co	
Name of person giving information		Richard Hance		How related to deceased		Son.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Congestive Lung				3 days		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
				Signature of Physician			
				Address			
				Buxton Md			
Accident or Suicide?							



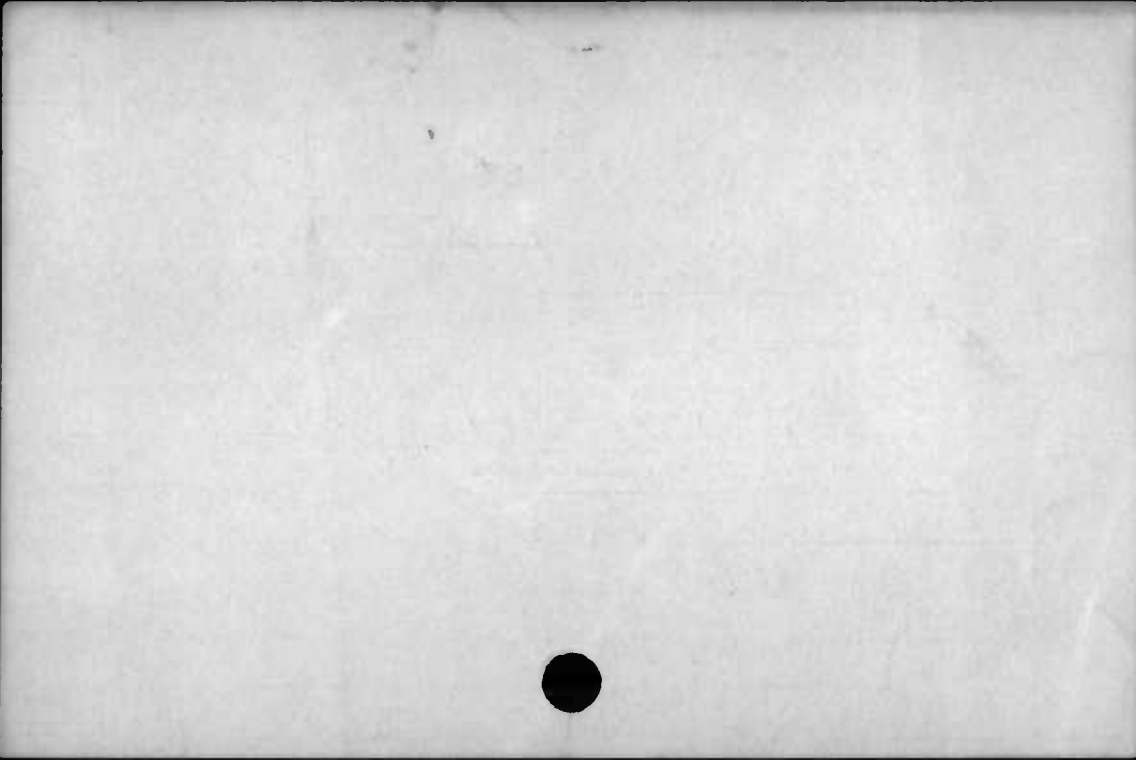
Name
in
Full37
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benners Creek</i>		Town <i>Cabot</i>		County		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>56</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Mixed</i>		Birth-place <i>Cabot Co</i>				
Occupation <i>farmer</i>			Where Residing if not at place of death <i>Benners Creek Cabot</i>				
Married, Single or Widowed			Name or Wife or Husband <i>Minnie Brown</i>				
Father's Name <i>Magier Hardman</i>			Father's Birthplace <i>Cabot Co</i>				
Mother's Maiden Name <i>Eliza</i>			Mother's Birthplace <i>Cabot Co</i>				
Name of person giving information <i>Ann Hartman</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>2 yrs -</i>
Immediate <i>Fit</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>John J. Brooke</i>
	<i>Indolite</i>
Accident or Suicide?	



Name
in
Full

Mary E. Harrison

CERTIFICATE OF DEATH

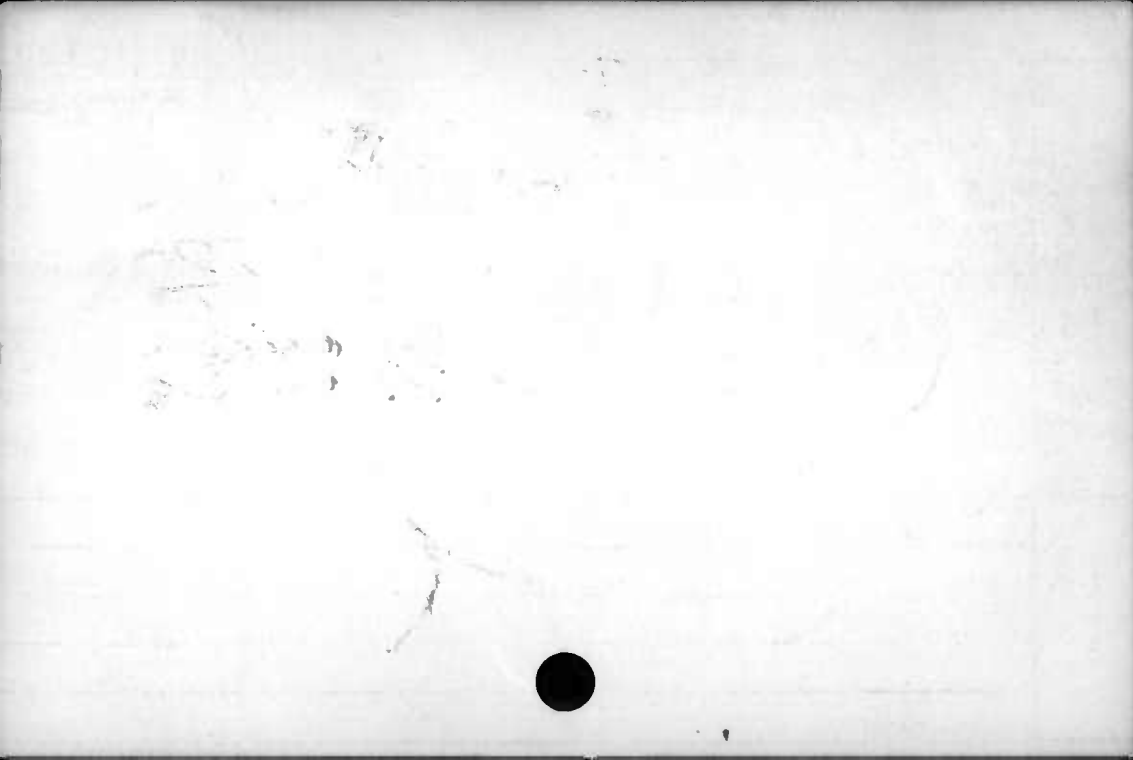
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> Town		<i>Culbert</i> County		MARYLAND	
Date of death 1903	<i>Dec</i> Month	<i>5</i> Day	Age <i>75</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cal. Co.</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation			
Name of Wife or Husband <i>John A. Cap 43</i>					
Father's Name <i>Not Obtainable</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>M. D. Harrison</i>				How related to deceased <i>Daughter</i>	

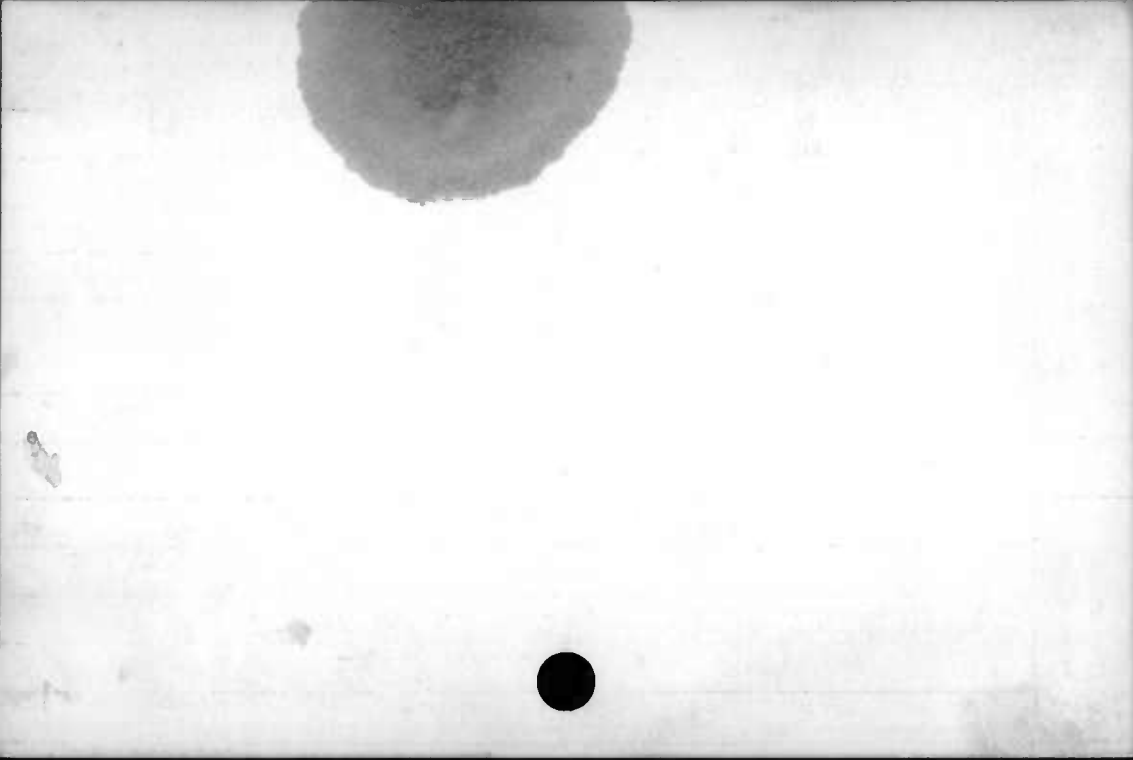
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Breast</i>	How long <i>4 yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown Md.</i>
Accident or Suicide?	



Name in Full <i>Benjamin Johnson</i>		30		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt. Air</i> Town		County <i>Calvert</i>		MARYLAND
	Date of death 1903	Month <i>Dec</i>	Day <i>13</i>	Age <i>26</i> Years	Months Days
	Sex <i>male</i>		Color or Race <i>W. M.</i>	Birth-place <i>Calvert Co</i>	
	Married, Single or Widowed		Occupation <i>farmer</i>		
	Name of Wife or Husband				
	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
Name of person giving information <i>Thomas Lewis</i>			How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Smith's Vertigo</i>			How long <i>2 hrs.</i>	
	Immediate <i>Cerebral Hemorrhage</i>			How long <i>1 day</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. J. Brooks</i>	
	Address			Accident or Suicide?	



Name
in
Full

Carrie Mackall

CERTIFICATE OF DEATH

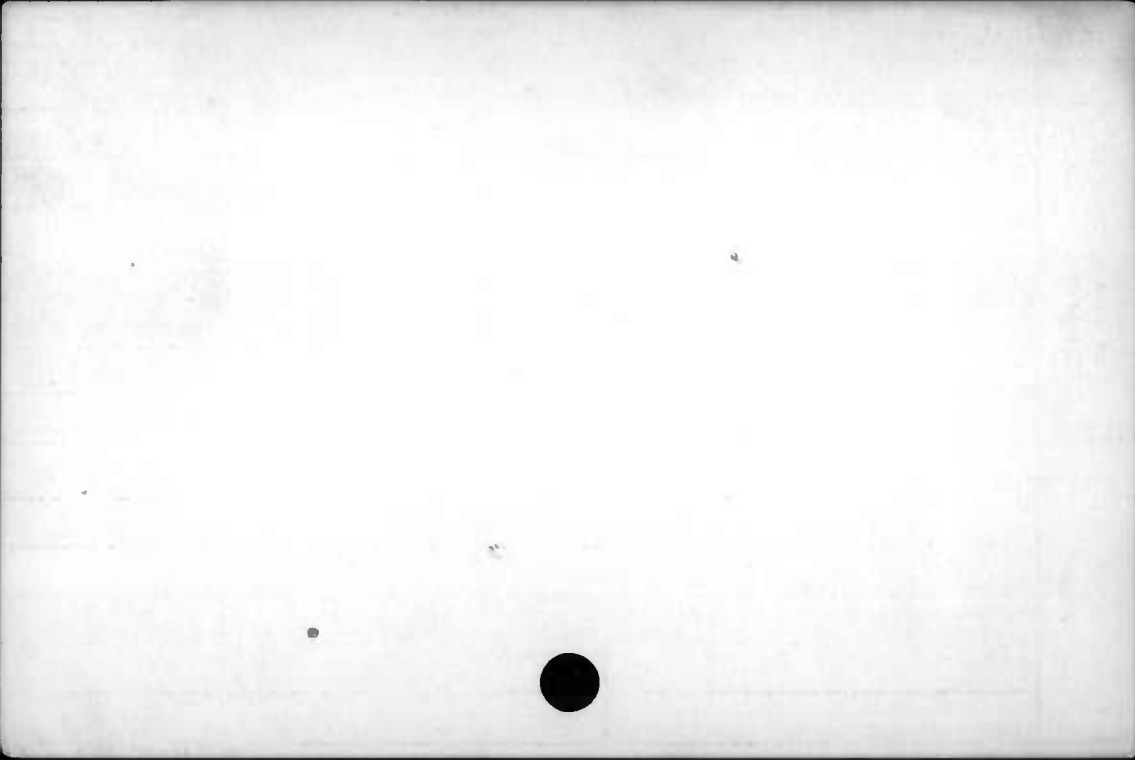
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Prince Frederick</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1903	Month	<i>Dec</i>	Day	<i>26</i>	Age	<i>21</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Spinster</i>		
Name of Wife or Husband <i>—</i>							
Father's Name	<i>Albert Mackall</i>				104	Father's Birthplace	<i>Calvert Co</i>
Mother's Maiden Name	<i>Mary Mackall</i>					Mother's Birthplace	
Name of person giving information	<i>Emma Russell</i>					How related to deceased	<i>Wom</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis</i>		How long	<i>2 yrs</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. M. King MD</i>
			Address	<i>Baltimore MD</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

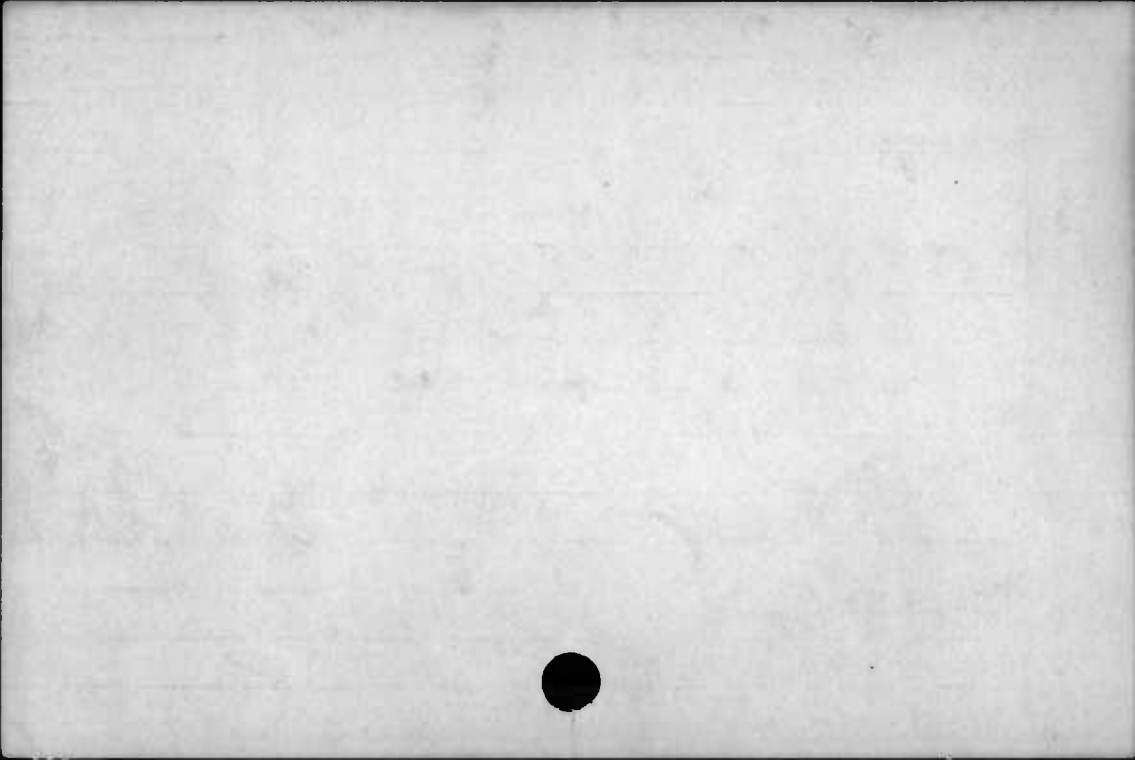
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Drumkirk</i>		County <i>Calvert</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1903</i>	<i>Dec</i>	<i>15</i>	<i>—</i>	<i>11</i>	<i>—</i>	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>				
Married , Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name	<i>William Mackall</i>					Father's Birthplace	<i>Calvert Co</i>
Mother's Maiden Name	<i>Emma Mackall</i>					Mother's Birthplace	<i>Calvert Co</i>
Name of person giving information	<i>Joseph Booz</i>					How related to deceased	<i>not related</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of Bowels</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thomas M. Chaney</i>
		Address	<i>Chaney</i>
Accident or Suicide?			<i>md</i>



Name
in
Full

Albion Parker

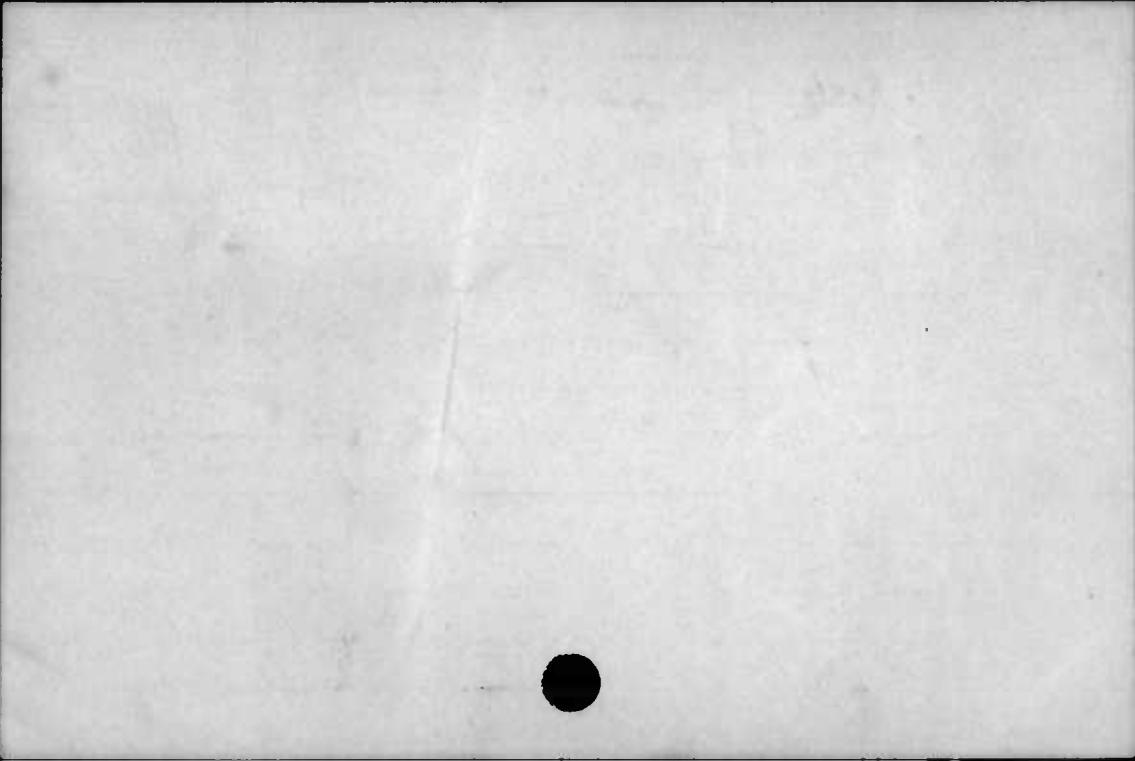
38
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mountain</u> <u>Cum</u> <u>County</u>		MARYLAND	
Date of death <u>28</u> <u>1903</u>	Month <u>Dec</u>	Day <u>28</u>	Age <u>60</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Salisbury</u>	
Occupation <u>House wife</u>	Where Residing if not at place of death <u>near Mount</u>		
Married, Single or Widowed <u>wid</u>	Name of Wife or Husband <u>John Parker</u>		
Father's Name <u>John Parker</u>	Father's Birthplace <u>Salisbury</u>		
Mother's Maiden Name <u>Mary Parker</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>J. L. Parker</u>	How related to deceased <u>Niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Decomposition of blood</u>	How long <u>6 years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>J. L. Parker</u>	Address <u>Mount</u>
Accident or Suicide?	



Name
in
Full

William Franklions Parren

CERTIFICATE OF DEATH

MARYLAND

Died at Wallcut ^{Town} MdCalvert ^{County}Date
of death 1903

Month

12

Day

11

Years

Age 2

Months

5

Days

—

Sex

Color or
Race

colored

Birth-
place

Wallcut

Married, Single
or Widowed

single

Occupation

Name of Wife or
HusbandFather's
Name

Joseph Parren

Father's
Birthplace

Wallcut

Mother's
Maiden Name

Della Jarney 90

Mother's
Birthplace

" " "

Name of person giving
In formation

Joseph Parren

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Borne out

How long

6 days

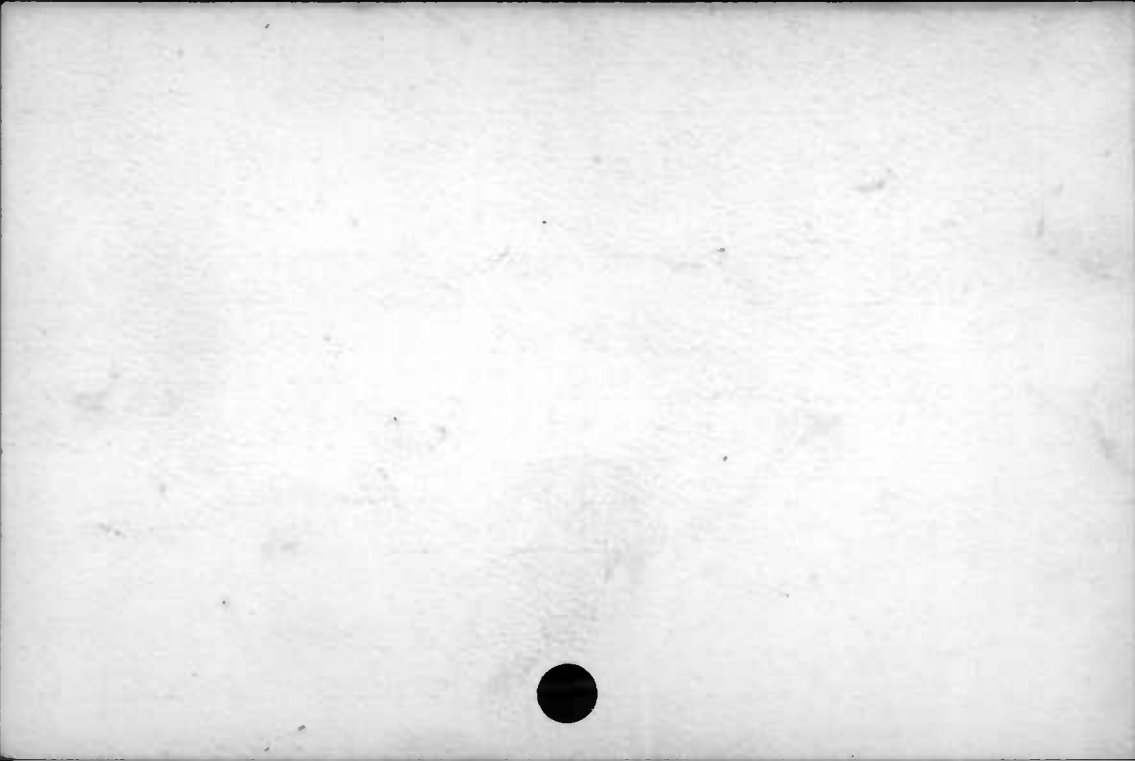
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John J. Brooks

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen Rury

CERTIFICATE OF DEATH

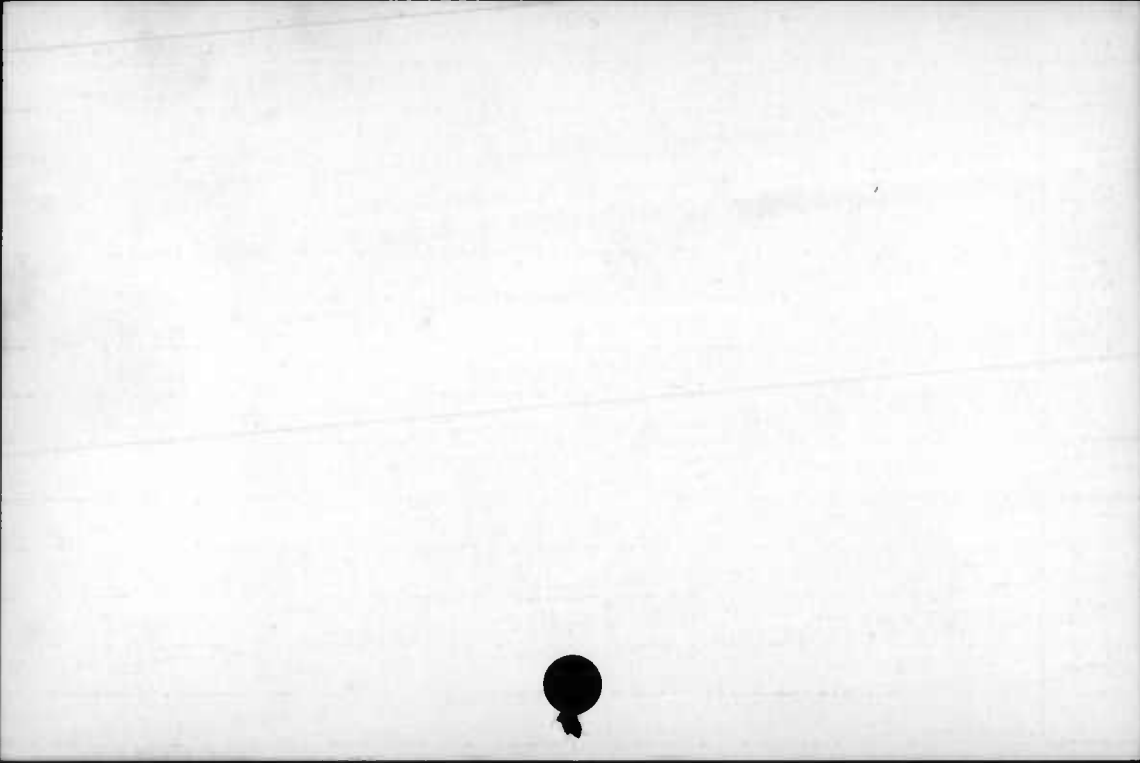
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunderland</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>23</i>	Years Age <i>40</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Cal. Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>John H Jones</i>					
Father's Name <i>John Rury</i>			Father's Birthplace <i>Cal. Co.</i>		
Mother's Maiden Name <i>Dinah Morris</i>			Mother's Birthplace <i>Cal. Co.</i>		
Name of person giving In formation <i>Jacob Rury</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>3 yrs -</i>
Immediate <i>Acute Zosterulosis</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntington, Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stowers</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>20</i>	Age <i>44</i>	Years	Months <i>1</i>	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Calvert Co</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>Calvert Co Md</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Eliot Simmons</i>					
Father's Name <i>Thomas James</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Mary Simmons</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Maggie Young</i>				How related to deceased <i>Sister</i>		<i>10</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>2 weeks</i>
Immediate <i>Bronchitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. N. King M.D.</i>
	Address <i>Bartow Md.</i>
Accident or Suicide?	



Name
in
Full

Bunnie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buenavista</i>		Town <i>Leahurst</i>		County		MARYLAND	
Date of death	1903	Month	12	Day	8	Age	45
Sex	male	Color or Race	white	Birth-place	Calvert Co		
Occupation	Laborer			Where Residing if not at place of death <i>Buenavista</i>			
Married, Single or Widowed	married			Name of Wife or Husband			
Father's Name	<i>Ben Williams</i>				Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name	<i>Miss Spencer</i>				Mother's Birthplace		
Name of person giving information	<i>Joe E. O'Connor</i>				How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Liver</i>		How long	<i>6 mos</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>L. M. King M.D.</i>
			Address	<i>Bereton Calvert Co Md</i>
Accident or Suicide?				



Name
in
Full

Louisa M. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boston</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	1903	Month	December	Day	31	Age	77
Sex	Female	Color or Race	White	Birthplace	Calvert Co Md		
Occupation	Housekeeper		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Widow		Name of Wife Husband		Leollin M. Williams		
Father's Name	John H. Simmons				Father's Birthplace	Calvert Co	
Mother's Maiden Name	Jane Robinson				Mother's Birthplace	Calvert Co	
Name of person giving information	B. M. Williams				How related to deceased	Son	

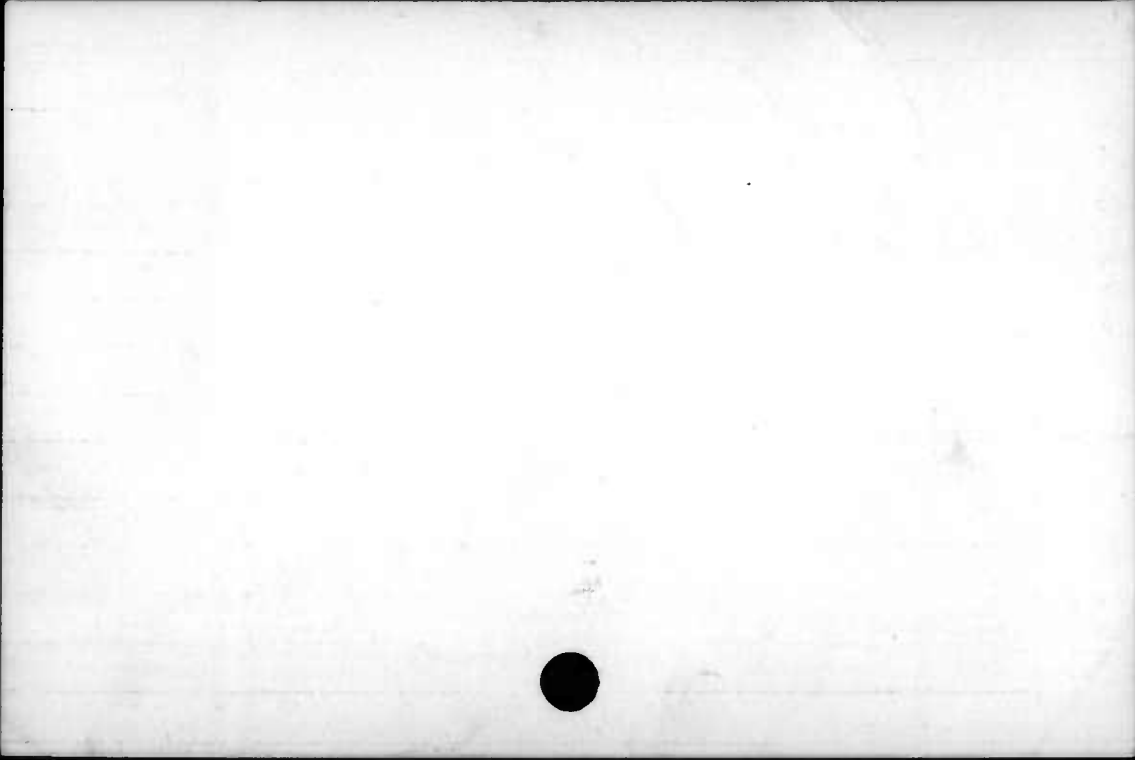
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>		How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>A. J. Williams M.D.</i>	
			Address <i>Boston Md</i>	
Accident or Suicide?				



Name in Full <i>Mary Wilson</i>		28		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND
	Died at				
	Date of death 190	3	Month <i>Dec</i>	10	Day
	Age <i>80</i>		Years		Months
	Sex		Color or Race <i>Colored</i>		Birth-place
	Married, Single or Widowed		Occupation <i>House Keeping</i>		
	Name of Wife or Husband				
	Father's Name <i>Abram Smith</i>		Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Jane Smith</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving Information <i>pneumonia</i>		How related to deceased			
CAUSES OF DEATH <i>pneumonia</i>					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Reported by <i>John G. Brooks</i>		Address <i>John G. Brooks</i>		
	Accident or Suicide?				



Name in Full		Thomas Wilson				26		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
		Date of death 190		Month	Day	Years	Months	Days		
		Sex		Color or Race		Birth-place				
		Married, Single or Widowed		Occupation						
		Name of Wife or Husband								
		Father's Name		Father's Birthplace						
		Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased								
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
		Address								
Accident or Suicide?										

